Enfield Recreation Department "TONS-O-FUN" DAY CAMP

Come and join the fun this summer at "Tons-O-Fun" Day Camp. This outdoor day camp includes a wide variety of sports, arts & crafts, group games, free play and special events. Campers will be divided into groups according to age. Camp is for children entering grades 2 through 7 by September 2006 (show proof of completing 1st grade). Each session campers will either go on one field trip OR have a special event at camp. Trip/event will be announced on the first day of camp. Campers will use the JFK School pool facility a couple times a week to enjoy a fun afternoon in the pool. Limit 50 campers per session.

Location: JFK Middle School.

Schedule: 8:30a.m. - 3:30p.m. Campers should arrive at 8:30 a.m. SHARP and be picked

up at 3:30 p.m. SHARP. Late fees will apply for those picked up late.

Session Schedule:

Session I: June 26-June 30

NOTE: Session I is tentative based on when school is finished.

Session II: July 3-July 7 (no July 4)

Session III: July 10-July 14 Session IV: July 17-July 21 Session V: July 24-July 28 Session VI: July 31-Aug 4 Session VII: Aug 7-Aug 11

Shirts: Campers are not required to purchase a camp t-shirt. We offer them to those that are interested. There is an additional \$7.00 fee for the purchase. Please order only ONE shirt per camper.



CAMP REGISTRATION INFORMATION

Registration for all camp is limited and is offered on a first come, first served basis. Registrations will not be accepted before the initial registration date and phone registrations will not be accepted. All fees must be paid at the time of registration. You may mail in your registration or come in-person to the Recreation Department, Monday through Friday, 9:00a.m. to 5:00p.m. Checks are made payable to the Enfield Recreation Department.

ENFIELD RESIDENTS may begin to register on MONDAY, APRIL 3, 2006.

Non-Residents may begin to register on Monday, April 17, 2006.

Mail-In Registration Process

The Enfield Recreation Department is NOT responsible for lost or untimely mail delivery.

- 1. Complete **BOTH SIDES** of the registration form.
- 2. Include **separate** checks or money orders payable to the **"Enfield Recreation Department"** for each session and t-shirt order. Individual checks or money orders will be returned for filled sessions.
- 3. Include a self-addressed stamped envelope so we may confirm your registration by mail.
- 4. Include a photocopy of proof of residency. Acceptable forms of ID are: valid driver's license, tax bill, utility bill, renter's/homeowner's agreement. **NOTE:** A check is not considered proof of residency.
- 5. Mail the registration form, payment, self-addressed stamped envelope and proof of residency to:

Enfield Recreation Department
"Tons-O-Fun" Day Camp
19 North Main Street
Enfield, CT 06082

ENFIELD RECREATION SUMMER CAMP REGISTRATION FORM

PLEASE COMPLETE BOTH SIDES OF FORM

	SEA:	_ AGE: D.O.B.:	//
		PHONE:	
	PHONE: GRADE in Fall 2006:		
	HOME 1	PHONE:	
MOTHER'S NAME:		PHONE:	
ONE:	CELL PHONE:		
ther than parent/g	uardian):		
	Telephone Number		
	Telephone Number		
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		•	ult-XXL)
Resident	\$110	Non-Resident	
Resident	\$88	Non-Resident	\$110
	¢110	Non-Resident	
Resident	\$110		
Resident Resident	\$110	Non-Resident	\$137.50
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	ONE:	HOME I ONE: HOME I ONE: CELL P ther than parent/guardian): Telephone Telephone ase a Camp Shirt, there is an add te a shirt. One shirt per camper. irt N tum 10-12) (Youth Large 14-1 (Adult-Med) (Adult-Lg) OESIRED: please make out sepang 30a.m. to 3:30p.m. Monday thro Resident \$110	HOME PHONE: HOME PHONE:

PLEASE MAKE SEPARATE CHECKS FOR EACH SESSION REGISTERING FOR AS WELL AS A SEPARATE CHECK FOR A T-SHIRT IF YOU ARE ORDERING ONE. CHECKS MADE PAYABLE TO "ENFIELD RECREATION DEPARTMENT".

MEDICAL INFORMATION

Is your child allergic to anything? YES NO If yes, to what?
Does your child take any medications?* YES NO If yes, what medications and are there any side effects the staff should be aware of?
Any medical conditions or special needs staff should be aware of? YES NO If yes, please explain in detail.
Does your child have any other special considerations related to behavioral needs which are not mentioned above and our staff should know about to help your child have a positive experience at camp? YES NO If yes, please explain in detail
*NOTE: The Recreation Department is not certified or authorized to administer prescription or over-the-counter medications to campers. Any child requiring medication during camp hours must have a parent or legal guardian come to camp to administer their medication. Children are not allowed to self-administer their own medications or bring medications to camp. (Two exceptions to this rule are epi-pens and asthma medications. In this case, please see the Recreation Office for an additional form which must be completed by your doctor before camp begins.)
RELEASE AND WAIVER In consideration for participating in the above-referenced program/activity sponsored by the Recreation Division of the Town of Enfield, I hereby waiver and release the Town of Enfield, its agents, officers and employees, whether paid or voluntary, from and against any and all claims, suits, actions, damages, liabilities, costs, expenses and or judgments, including attorney's fees and court costs, which may arise from my or my child's participation in the above-referenced program/activity or any illness or injury resulting therefrom, either directly or incidentally.
I hereby represent that I understand and am familiar with the nature and type of activities in which I or my child will participate as part of the above-referenced program/activity. I further represent that I, or my child, is in good physical and mental health and that I am unaware of any physical or other health condition that would affect my or my child's ability to participate in the above-referenced program/activity.
I acknowledge that I will be solely responsible for the furnishing of all safeguards and appropriate equipment for protection against injury.
I have read this document and understand and agree to its terms and conditions.
Participant/Parent/Legal Guardian Signature Date DID YOU INCLUDE THE FOLLOWING? Separate Checks Proof of Residency Self-Addressed Stamped Envelope Complete Form